

MARGIN RESERVED FOR BINDING
This supplemental report is to be pasted
beneath the original.

3 5M 8-16-35

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.

Place of Birth Miami, Ariz. County No. St.
(Registration District)

SEX OF CHILD*	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Twin <input type="checkbox"/> Triplet or other?	and	Number* in order of birth	1
DATE OF BIRTH*	<u>August</u> (Month)	<u>8</u> (Day)		<u>1916</u> (Year)	
FULL* NAME	FATHER <u>Eric Hill</u>				
FULL* MAIDEN NAME	MOTHER <u>Anna Menonen</u>				

I HEREBY CERTIFY that the child described herein has
been named

Lee Alvar Hill
(Give name in full) (Surname)

Eric Hill
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar

Form X

383-808-145